## STATE OF SOUTH DAKOTA SEASONAL APPLICATION

Rev. 3/08

This form is to be used only when applying for seasonal positions with the state. Applications for permanent, career service positions require the regular state <u>Application for Employment</u> form – BP31. Please print using ink or complete by typing. A separate application must be submitted for each location. Photocopies are acceptable. <u>Unless otherwise indicated</u>, mail completed application to: Bureau of Personnel, 500 East Capitol Avenue, Pierre, SD 57501-5070.

Seasonal Requisition Number: Location:							
Position(s) Desired:							
Last Name/First Name	):			SSN	l:		
Permanent Address(Box #, Street, Apt., City, State, Zip)					ne (	)	
Current Address				Pho	ne (	)	
Email Address							
Please circle either yes (Y) or no (N) for each question:							
Are you <u>under</u> 18? (Y/N) Do you have the legal right to live and work in the United States? (Y/N) Do you have a valid driver's license? (Y/N) Commercial Driver's License? (Y/N) Driver's license number:							
cannot be hired by the state of South Dakota. Are you registered with the selective service? ( Y / N / not applicable )							
Earliest date you can begin work (mo/day) through last working day (mo/day)							
Education/Training:							
Circle the last year of education completed: (For high school diploma or GED, circle '12.)  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus  Degrees, coursework, or other relevant education/training including major & minor:  Equipment (check level of skill):  Office Equipment (check level of skill):							
<u> </u>	Some		Maintain/		Som		
	experience	Skilled	Repair		expe	erience	Skilled
Farm Tractors Tractors w/ Front End Loaders				Typewriter Personal Computers			
Trucks w/2 Speed Axle				Calculator			
Power Hand Tools				Cash Till			
Sprayers Riding Lawn Mowers				Video Camera			
ATV's				Slide Projector			
Bulldozer				Slide Projector Other			
Road Maintainer				Other			
Boat w/ Motor							
Do you have experience handling money? If so, please describe that experience:  List names and phone numbers of two references:							
List Harries and priorie	TIGITIDGIS OF W	*** 10101611063.					

## List all past employment or volunteer work experience which you feel would add to your qualifications for this job. (Attach additional pages as necessary.) Job title \_\_\_\_\_ Dates employed: From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ \_\_\_\_\_Hours worked per week: \_\_\_ \_\_\_\_\_ State \_\_\_\_\_ Phone number \_\_\_\_\_ Reason for leaving Supervisor's name \_\_\_ Equipment/machines used \_\_\_\_\_ Description of duties Job title \_\_\_\_\_\_ To (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_ В. Employer \_\_\_\_\_Hours worked per week: \_\_\_\_ State Phone number Reason for leaving \_\_\_\_\_ Supervisor's name Equipment/machines used Job title \_\_\_ \_\_\_\_\_ Dates employed: From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_ C. Employer \_\_\_\_Hours worked per week: \_\_\_ State Phone number Reason for leaving \_\_\_ Supervisor's name \_\_\_ Equipment/machines used \_\_\_\_ Description of duties

By submitting this application, you are certifying that the information is true, correct, and complete to the best of your knowledge and belief.

Describe your interest in the job you are applying for: \_\_\_\_\_

The disclosure of your Social Security Number is voluntary. If you do not provide your SSN, another number will be assigned to you. You must use that number each time you apply for a state job. If you have any questions, please contact the Bureau of Personnel, 500 East Capitol Avenue, Pierre, SD 57501. Phone (voice/tty) (605) 773-3148; FAX (605) 773-4344.